

Employer Name:	Wood River Hartford School District #15
Employer State of Situs:	IL
Name of Issuer:	UHC
Plan Marketing Name:	BT5D
Plan Year:	10-1-2021 -9-30-2022

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic

2020-2022 Illinois Essential Health Benefit (EHB) Listing (P.A.)

Item	EHB Benefit	EHB Category	Employer Plan Covered Benefit?
1	Accidental Injury -- Dental	Ambulatory	YES
2	Allergy Injections and Testing	Ambulatory	YES
3	Bone anchored hearing aids	Ambulatory	YES
4	Durable Medical Equipment	Ambulatory	YES
5	Hospice	Ambulatory	YES
6	Infertility (Fertility) Treatment	Ambulatory	YES
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	YES
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	YES
9	Private-Duty Nursing	Ambulatory	NO
10	Prosthetics/Orthotics	Ambulatory	YES
11	Sterilization (vasectomy men)	Ambulatory	YES
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	YES
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	YES
14	Emergency Transportation/ Ambulance	Emergency services	YES

15	Bariatric Surgery (Obesity)	Hospitalization	NO
16	Breast Reconstruction After Mastectomy	Hospitalization	YES
17	Reconstructive Surgery	Hospitalization	YES
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	YES
19	Skilled Nursing Facility	Hospitalization	YES
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	YES
21	Diagnostic Services	Laboratory services	YES
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	YES
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	YES
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	YES
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	YES
26	Tele-Psychiatry	MH/SUD	YES
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	NO
28	Pediatric Dental Care	Pediatric Oral and Vision Care	NO
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	NO
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	YES
31	Outpatient Prescription Drugs	Prescription drugs	YES
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	YES
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	YES
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	YES
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	YES
36	Mammography - Screening	Preventive and Wellness Services	YES
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	YES
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	YES
39	Preventive Care Services	Preventive and Wellness Services	YES
40	Sterilization (women)	Preventive and Wellness Services	YES
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	YES
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	YES

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.